

EXHIBIT "A" TO ADVANCE HEALTH CARE DIRECTIVE

A. PRIMARY PHYSICIAN: My primary physician is as follows:

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

B. DISPOSITION OF REMAINS:

I want my remains to be cremated. I want my ashes to be disposed,

Scattered at sea

as follows: \_\_\_\_\_

I want my remains to be buried. My (preferred) burial site is:

\_\_\_\_\_  
Cemetery

\_\_\_\_\_  
City

\_\_\_\_\_  
State

I have already made arrangements for my funeral.

Funeral Home:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

C. INFORMATION REGARDING SERVICES (regardless of which preference chosen)

Graveside Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Religious Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Type? \_\_\_\_\_

Memorial Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Military Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch? \_\_\_\_\_

Celebration of Life? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(i.e. casket type: open or closed for services; sealed or unsealed; vault or no vault; pallbearers; financial limitations, feelings; special song(s) or music; etc.)

D. DONATION OF ORGANS, TISSUES OR PARTS:

Yes, donate my organs for transplant purposes.

Yes, donate my body for research and education.

No, do not donate my organs.

E. AUTOPSY:

Yes, my Agent is granted the power to authorize an autopsy.

No, my Agent is not granted the power to authorize an autopsy.

Date: \_\_\_\_\_